




SENDER WILL CHECK		LOCATION TOP AND BOTTOM	
<input type="checkbox"/> UNCLASSIFIED	<input checked="" type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/>	<input type="checkbox"/> SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1			<i>Am</i>
2	<i>AmR</i>		<i>[Signature]</i>
3	<i>DD/ORD</i>		<i>[Signature]</i>
4	<i>O/ORD</i>	<i>7/17</i>	<i>[Signature]</i>
5			
6			
<input type="checkbox"/> ACTION		<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> APPROVAL		<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> COMMENT		<input type="checkbox"/> FILE	<input checked="" type="checkbox"/> RETURN
<input type="checkbox"/> CONCURRENCE		<input checked="" type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE
Remarks:			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
			<i>7/2/79</i>
<input type="checkbox"/> UNCLASSIFIED			<input type="checkbox"/> SECRET